

Health as a value in the assessment of women in the reproductive period

(Zdrowie jako wartość w ocenie kobiet w okresie rozrodczym)

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Abstract – Introduction. Generally, health was defined by the World Health Organization (WHO) in 1948 as "a state of complete physical, mental, and social well-being and not just a lack of disease or disability." The current World Health Organization documents indicate that health can be understood as well-being, a value, a resource, a means, a process or a fundamental right of every human being.

Aim of the study. The purpose of the study was to analyse health as a value in the assessment of women during the reproductive period.

Materials and methods. The study was conducted among 150 women in the reproductive age. Research tools were the metrics used for the characteristics of the study group and the List of Health Criteria. The results obtained were statistically analysed.

Conclusions. In the opinion of women in reproductive age, "to be healthy" means first and foremost "to have all the parts of the body fit," "to eat properly," and "to care about rest and sleep." Women give the highest importance to health as "property," followed by "outcome," "goal," "state," and "process." Age, place of residence, education and marital status are the determinants of the perception of health among women with childbearing potential.

Key words - health, health value, health assessment, reproductive period, woman.

Streszczenie – Wstęp. Powszechnie zdrowie definiowane jest od 1948 roku przez Światową Organizację Zdrowia (WHO), jako „stan pełnego fizycznego, psychicznego i społecznego samopoczucia a nie tylko brak choroby lub kalectwa”. W aktualnych dokumentach Światowej Organizacji Zdrowia zaznacza się, że zdrowie można rozumieć, jako dobrostan, wartość, zasób, środek, proces lub podstawowe prawo każdego człowieka.

Cel pracy. Celem pracy była analiza zdrowia jako wartości w ocenie kobiet w okresie rozrodczym.

Materiał i metoda. Badania przeprowadzono wśród 150 kobiet w okresie rozrodczym. Narzędziami badawczymi była metryczka wykorzystana do charakterystyki badanej grupy oraz Lista Kryteriów Zdrowia. Otrzymane wyniki badań zostały poddane analizie statystycznej.

Wnioski. W opinii kobiet w okresie rozrodczym „być zdrowym” oznacza przede wszystkim „mieć sprawne wszystkie części ciała”,

„należycie się odżywiać”, oraz „dbać o wypoczynek i sen”. Kobiety najwyższą wagę przypisują zdrowiu rozumianemu jako „właściwość”, w dalszej kolejności jako „wynik”, „cel”, „stan” i „proces”. Wiek, miejsce zamieszkania, wykształcenie i stan cywilny warunkują twierdzenia dotyczące zdrowia wśród kobiet w wieku rozrodczym.

Słowa kluczowe - zdrowie, wartość zdrowia, ocena zdrowia, okres rozrodczy, kobieta.

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Accepted for publication: September 4, 2017.

I. INTRODUCTION

Health comes from the word *tree (oak)* and should be associated with power. It has a very complex character and is an abstract concept that can be treated as a biological, psychological, and social phenomenon [1,2].

Generally, health was defined by the World Health Organization (WHO) in 1948 as "a state of complete physical, mental, and social well-being and not just a lack of disease or disability." In this way, health includes an active and positive aspect of well-being, and you can see three dimensions there: the physical, mental, and social one. This definition highlights the compact relationship that can be seen between maintaining a good physical condition and maintaining a mental balance. Such a state of affairs is decided by the people themselves through their lifestyle and undertaken health behaviours [3,4,5]. The WHO definition of health has become a benchmark for the creation of new ideas by the other social science representatives in the concept of health. The current World Health Organization documents indicate that health can be understood as the well-being, value, resource, measure, process, or fundamental right of every human being [6,7,8].

The purpose of the study was to analyse health as a value in the assessment of women during the reproductive period.

II. MATERIALS AND METHODS

The study was conducted among 150 women in the reproductive age, 18 to 49, in the Bychawa District Hospital and Non-Public Center-Med Health Center in Lublin. The surveyed women were informed about the use of research results solely for scientific purposes and about their anonymity in the questionnaire. The research tools used were the metrics for the characterisation of the study group and the Health Criteria List (HCL). The Health Criteria List contains 24 statements that present positive aspects of health in the physical, mental, and social dimensions. This allows you to know what people understand by the notion of health and to what extent it is identified with state, property, or process. The list of health criteria includes statements about proper nutrition, rest and sleep, body and wellbeing, etc., which should be considered as a health condition. Physical appearance is a testimony to the state of health.

Evaluation of the mental and social health dimensions is crucial in the context of the influence of psychosocial factors on behaviour and lifestyle [9].

After analysing all the criteria and choosing those that are very important for health, the next section of the questionnaire selects only the five most important criteria. The last step is to rank the selected criteria from the most important, which is assigned a value of 5 points to the least important one point value. Points assigned to the selected health criteria are the basis for the interpretation of the test results. It is worth noting here not only the criteria, but also their definitional properties that describe health as a condition, result, property, or process. The test coefficient is 0.68. The relevance of health criteria is related to the level of health education and the linking of health criteria to current state of health [5,10].

The results obtained were analysed statistically. Calculations were done in IBM SPSS Statistics 21. Significance was assumed at $p < 0.05$.

The highest proportion of respondents in the study group was under the age of 25 (41.3%), urban dwellers (54.0%), with secondary education (39.3%) and women (47.3%) or married (45.3%).

III. RESULTS

Table 1 provides an overview of the 10 most important health claims in the study group. For the women surveyed, health was defined as: "the lack physical discomfort" (1.48) and as "proper nutrition" (1.40) and "getting enough rest and sleep" (1.22). Slightly lower rated health as a goal - "to live till old age" (0.88), followed by "feel happy most of the time" (0.81) and the process of "being able to work without tension and stress" (0.58).

Table 1. Assessment of the top 10 health claims in the study group

No.	Assessments	Average weight	Health definition
1.	To be healthy means that I have to have all parts of my body functioning smoothly	1.48	Feature
2.	To be healthy means to eat properly	1.40	Result
3.	Being healthy means for me to get enough rest and sleep	1.22	Result
4.	To be healthy means for me to live in old age	0.88	Aim
5.	Being healthy means for me to feel happy most of the time	0.81	State
6.	Being healthy means I do not smoke	0.81	Result
7.	Being healthy means that I can enjoy life	0.77	State
8.	Being healthy means that I do not feel any physical discomfort	0.71	Feature
9.	To be healthy means to have the right weight for me	0.69	Result
10.	To be healthy means not to get sick, only rarely with flu or indigestion	0.65	Feature

Table 2. Validity of health claims based on the age of the examined women

Assumption	Age	n	Average weight	SD	Kruskal-Wallis Test	p
Live to old age	up to 25	62	0.98	1.76	4.712	0.095
	26-35	50	0.54	1.39		
	36 or more	38	1.16	1.90		
Feel happy most of the time	up to 25	62	0.71	1.57	1.435	0.488
	26-35	50	0.86	1.62		
	36 or more	38	0.89	1.52		
Be able to cooperate with other people	up to 25	62	0.31	0.93	0.981	0.612
	26-35	50	0.32	0.87		
	36 or more	38	0.18	0.61		
Be able to solve your own problems	up to 25	62	0.23	0.78	3.397	0.183
	26-35	50	0.44	1.13		
	36 or more	38	0.47	1.06		
Eat properly	up to 25	62	1.52	1.95	0.608	0.738
	26-35	50	1.32	1.96		
	36 or more	38	1.32	1.82		
Get enough rest and sleep	up to 25	62	1.45	1.88	2.453	0.293
	26-35	50	0.92	1.59		
	36 or more	38	1.24	1.84		
Drink little alcohol or none of it	up to 25	62	0.48	1.08	9.984	0.007
	26-35	50	0.08	0.44		
	36 or more	38	0.08	0.36		
Avoid smoking	up to 25	62	0.82	1.50	0.188	0.910
	26-35	50	0.78	1.54		
	36 or more	38	0.84	1.55		
Have proper body weight	up to 25	62	0.87	1.40	3.266	0.195
	26-35	50	0.46	0.99		
	36 or more	38	0.68	1.23		
Take medicine only rarely, if specifically needed	up to 25	62	0.21	0.66	0.278	0.870
	26-35	50	0.26	0.78		
	36 or more	38	0.37	0.94		
Have a good mood	up to 25	62	0.44	1.13	1.458	0.482
	26-35	50	0.40	1.07		
	36 or more	38	0.18	0.69		
Not feel any physical weaknesses	up to 25	62	0.73	1.55	2.880	0.237
	26-35	50	0.40	1.11		
	36 or more	38	1.11	1.91		
Able to work without tension or stress	up to 25	62	0.44	0.99	0.928	0.629
	26-35	50	0.62	1.38		
	36 or more	38	0.76	1.48		
Not have flu, indigestion	up to 25	62	0.68	1.45	1.043	0.594
	26-35	50	0.70	1.36		
	36 or more	38	0.55	1.39		
Have healthy hair, eyes, complexion	up to 25	62	0.69	1.43	3.084	0.214
	26-35	50	0.72	1.46		
	36 or more	38	0.26	0.86		
Able to cope with the changes in life	up to 25	62	0.21	0.77	2.934	0.231
	26-35	50	0.22	0.82		
	36 or more	38	0.61	1.37		
Able to be happy with life	up to 25	62	0.65	1.39	2.048	0.359
	26-35	50	0.98	1.57		
	36 or more	38	0.68	1.45		
Be responsible	up to 25	62	0.34	1.12	0.519	0.771
	26-35	50	0.22	0.93		
	36 or more	38	0.11	0.39		
Be able to control your feelings and desires	up to 25	62	0.13	0.74	3.168	0.205
	26-35	50	0.40	1.25		
	36 or more	38	0.13	0.81		
Have all parts of your body functioning	up to 25	62	1.48	2.07	0.219	0.896
	26-35	50	1.42	1.96		
	36 or more	38	1.55	2.19		
Accept oneself, know your weaknesses	up to 25	62	0.32	0.94	2.333	0.312
	26-35	50	0.72	1.59		
	36 or more	38	0.76	1.55		
Have a job and hobbies	up to 25	62	0.39	1.14	0.853	0.653
	26-35	50	0.50	1.22		
	36 or more	38	0.24	0.59		
Feel good	up to 25	62	0.48	1.10	6.566	0.038
	26-35	50	1.10	1.78		
	36 or more	38	0.26	0.72		
Hardly ever see a doctor	up to 25	62	0.45	1.30	0.561	0.755
	26-35	50	0.44	1.11		
	36 or more	38	0.55	1.33		

Table 3. Evaluation of the validity of health claims taking into account the residence of the examined women

Claim	Place of living	n	Average weight	SD	Kruskal-Wallis Test	p
Live to old age	City	81	1.06	1.79	-1.895	0.058
	Village	69	0.67	1.55		
Feel happy for most of the time	City	81	0.81	1.50	-0.657	0.511
	Village	69	0.80	1.65		
Able to cooperate with other people	City	81	0.46	1.07	-2.745	0.006
	Village	69	0.07	0.31		
Able to solve your own problems	City	81	0.37	0.95	-0.420	0.675
	Village	69	0.35	1.01		
Eat properly	City	81	1.47	1.94	-0.431	0.666
	Village	69	1.32	1.89		
Get enough rest and sleep	City	81	1.21	1.88	-0.426	0.670
	Village	69	1.23	1.67		
Drink little alcohol or nothing at all	City	81	0.21	0.68	-0.168	0.867
	Village	69	0.29	0.89		
Avoid smoking	City	81	0.69	1.38	-0.795	0.426
	Village	69	0.96	1.67		
Have proper weight	City	81	0.73	1.29	-0.270	0.788
	Village	69	0.64	1.18		
Take medicine only occasionally	City	81	0.28	0.83	-0.081	0.935
	Village	69	0.25	0.72		
Have good mood	City	81	0.26	0.83	-0.958	0.338
	Village	69	0.48	1.18		
Not feel any physical weaknesses	City	81	0.79	1.56	-0.832	0.405
	Village	69	0.62	1.52		
Able to live without tension and stress	City	81	0.52	1.17	-0.284	0.776
	Village	69	0.65	1.36		
Not to get sick, only rarely with flu or indigestion	City	81	0.56	1.27	-0.661	0.508
	Village	69	0.77	1.53		
Have healthy hair, eyes, and complexion	City	81	0.56	1.37	-1.069	0.285
	Village	69	0.64	1.28		
Able to cope with changes in life	City	81	0.43	1.17	-1.052	0.293
	Village	69	0.17	0.66		
Able to be happy with life	City	81	0.85	1.57	-0.371	0.711
	Village	69	0.67	1.34		
Be responsible	City	81	0.31	1.01	-1.475	0.140
	Village	69	0.16	0.80		
Be able to control your feelings and desires	City	81	0.09	0.55	-1.714	0.086
	Village	69	0.38	1.26		
Have all body parts functioning	City	81	1.54	2.12	-0.216	0.829
	Village	69	1.41	1.98		
Accept oneself, know your weaknesses	City	81	0.56	1.33	-0.227	0.820
	Village	69	0.58	1.39		
Have a job, hobbies	City	81	0.53	1.25	-1.535	0.125
	Village	69	0.22	0.74		
Feel good	City	81	0.38	1.03	-2.537	0.011
	Village	69	0.93	1.57		
Hardly ever see a doctor	City	81	0.33	1.11	-1.743	0.081
	Village	69	0.64	1.37		

Table 4. Evaluation of the validity of health claims taking into account the education of the examined women

Claim	Education	n	Average weight	SD	Kruskal-Wallis Test	p
Live up to old age	Primary/technical	40	1.35	1.93	7.948	0.019
	Secondary	59	0.93	1.77		
	Higher	51	0.45	1.27		
Feel happy for most of the time	Primary/technical	40	1.25	1.77	5.810	0.055
	Secondary	59	0.61	1.41		
	Higher	51	0.69	1.53		
Able to cooperate with other people	Primary/technical	40	0.38	0.84	4.230	0.121
	Secondary	59	0.32	0.90		
	Higher	51	0.16	0.76		
Able to solve your own problems	Primary/technical	40	0.60	1.24	4.076	0.130
	Secondary	59	0.22	0.79		
	Higher	51	0.33	0.93		
Eat properly	Primary/technical	40	0.78	1.59	8.455	0.015
	Secondary	59	1.37	1.91		
	Higher	51	1.92	2.02		
Get enough rest and sleep	Primary/technical	40	0.75	1.56	5.890	0.053
	Secondary	59	1.19	1.72		
	Higher	51	1.63	1.94		
Drink little or no alcohol	Primary/technical	40	0.53	1.11	9.956	0.007
	Secondary	59	0.12	0.53		
	Higher	51	0.18	0.68		
Avoid smoking	Primary/technical	40	0.78	1.48	0.787	0.675
	Secondary	59	0.90	1.56		
	Higher	51	0.75	1.52		
Have proper body weight	Primary/technical	40	0.63	1.29	0.655	0.721
	Secondary	59	0.73	1.27		
	Higher	51	0.69	1.17		
Take medicines only occasionally	Primary/technical	40	0.53	1.11	3.933	0.140
	Secondary	59	0.19	0.63		
	Higher	51	0.16	0.54		
Have good mood	Primary/technical	40	0.43	0.98	5.152	0.076
	Secondary	59	0.20	0.91		
	Higher	51	0.49	1.14		
Feel no physical weaknesses	Primary/technical	40	0.58	1.39	2.345	0.310
	Secondary	59	0.97	1.73		
	Higher	51	0.53	1.39		
Able to work without tension and stress	Primary/technical	40	0.63	1.39	1.384	0.501
	Secondary	59	0.42	1.10		
	Higher	51	0.73	1.33		
Rarely get sick, only flu or indigestion	Primary/technical	40	0.50	1.34	1.517	0.468
	Secondary	59	0.75	1.47		
	Higher	51	0.67	1.37		
Have healthy hair, eyes, complexion	Primary/technical	40	0.28	0.93	3.617	0.164
	Secondary	59	0.73	1.45		
	Higher	51	0.69	1.42		
Able to cope up with changes in life	Primary/technical	40	0.65	1.42	5.003	0.082
	Secondary	59	0.25	0.82		
	Higher	51	0.12	0.59		
Able to be happy with life	Primary/technical	40	0.60	1.35	1.084	0.582
	Secondary	59	0.85	1.53		
	Higher	51	0.80	1.50		
Be responsible	Primary/technical	40	0.38	1.17	6.673	0.036
	Secondary	59	0.36	1.08		
	Higher	51	0.18	0.04		
Be able to control their feelings, their motives	Primary/technical	40	0.00	0.00	4.323	0.115
	Secondary	59	0.19	0.84		
	Higher	51	0.43	1.35		
Have all body parts functioning	Primary/technical	40	1.60	2.17	4.552	0.103
	Secondary	59	1.83	2.16		
	Higher	51	0.98	1.75		
Accept yourself, your deficiencies and abilities	Primary/technical	40	0.55	1.40	1.847	0.397
	Secondary	59	0.44	1.18		
	Higher	51	0.73	1.51		
Have a job and hobbies	Primary/technical	40	0.60	1.30	2.052	0.358
	Secondary	59	0.36	0.98		
	Higher	51	0.25	0.91		
Feel good	Primary/technical	40	0.08	0.47	14.784	0.001
	Secondary	59	0.69	1.38		
	Higher	51	1.00	1.59		
Hardly ever see a doctor	Primary/technical	40	0.60	1.45	0.253	0.881
	Secondary	59	0.39	1.08		
	Higher	51	0.47	1.25		

Table 5. Evaluation of the validity of health claims taking into account the marital status of the examined women

Claim	Marital status	n	Average weight	SD	Kruskal-Wallis Test	p
Live up to old age	Married or in a relationship	73	0.93	1.73	-0.508	0.611
	Single	77	0.83	1.67		
Feel happy for most of the time	Married or in a relationship	73	0.70	1.37	-0.177	0.859
	Single	77	0.91	1.73		
Able to cooperate with other people	Married or in a relationship	73	0.26	0.80	-0.137	0.891
	Single	77	0.30	0.87		
Able to solve your own problems	Married or in a relationship	73	0.51	1.17	-1.921	0.055
	Single	77	0.22	0.74		
Eat properly	Married or in a relationship	73	1.30	1.93	-0.864	0.388
	Single	77	1.49	1.90		
Get enough rest and sleep	Married or in a relationship	73	1.11	1.78	-0.996	0.319
	Single	77	1.32	1.78		
Drink little or no alcohol	Married or in a relationship	73	0.15	0.59	-1.660	0.097
	Single	77	0.34	0.93		
Avoid smoking	Married or in a relationship	73	0.84	1.57	-0.288	0.774
	Single	77	0.79	1.47		
Have proper weight	Married or in a relationship	73	0.63	1.17	-0.716	0.474
	Single	77	0.74	1.30		
Take medicine only occasionally	Married or in a relationship	73	0.25	0.74	-0.514	0.607
	Single	77	0.29	0.81		
Have good mood	Married or in a relationship	73	0.16	0.65	-1.907	0.057
	Single	77	0.55	1.24		
Don't feel any physical difficulties	Married or in a relationship	73	0.78	1.52	-0.933	0.351
	Single	77	0.65	1.56		
Able to work without tension or stress	Married or in a relationship	73	0.70	1.50	-0.158	0.875
	Single	77	0.47	0.98		
Don't get sick, only get flu or indigestion	Married or in a relationship	73	0.63	1.36	-0.216	0.829
	Single	77	0.68	1.44		
Have healthy hair, eyes, complexion	Married or in a relationship	73	0.56	1.27	-0.048	0.961
	Single	77	0.62	1.39		
able to cope with changes in life	Married or in a relationship	73	0.53	1.26	-2.497	0.013*
	Single	77	0.10	0.53		
Be happy with life	Married or in a relationship	73	0.82	1.53	-0.302	0.763
	Single	77	0.71	1.41		
Be responsible	Married or in a relationship	73	0.22	0.82	-0.611	0.541
	Single	77	0.26	1.01		
Be able to control their feelings and motives	Married or in a relationship	73	0.21	0.88	-0.043	0.965
	Single	77	0.23	1.02		
Have all the body parts functioning	Married or in a relationship	73	1.40	2.09	-0.202	0.840
	Single	77	1.56	2.02		
Accept yourself, your weaknesses and abilities	Married or in a relationship	73	0.71	1.50	-1.220	0.223
	Single	77	0.43	1.20		
Have a job, hobbies	Married or in a relationship	73	0.41	1.05	-0.914	0.361
	Single	77	0.36	1.06		
Feel good	Married or in a relationship	73	0.70	1.45	-0.053	0.958
	Single	77	0.57	1.22		
Hardly ever see a doctor	Married or in a relationship	73	0.48	1.16	-0.857	0.391
	Single	77	0.47	1.32		

Table 2 shows the validity of health claims based on the age of the examined women. Statistical analysis showed that significant differences were reported in the statements: "Being healthy means drinking small amounts of alcohol or not" and "Being healthy means feeling good" ($p < 0.05$). Women at the age of 25 years and less attributed significantly greater importance to the statement, "Being healthy means drinking little or no alcohol at all" than the remaining age categories of women. On the other hand, women aged 26-35 attributed significantly greater importance to the statement, "To be healthy means to feel good." For the other statements, there were no statistically significant differences.

Table 3 presents an assessment of the validity of health claims with regard to the place of residence of the examined women. Statistical analysis showed that statistically significant differences were noted in the statement: "Being healthy means feeling good" ($p < 0.05$). The rural inhabitants attributed much more importance to this claim than the inhabitants of the city. On the other hand, investigated from the city much more importance attributed to the statement: "Being healthy means being able to interact well with other people." For the other statements, there were no statistically significant differences.

Table 4 presents the validity of health claims, including the education of the examined women. Statistical analysis showed that statistically significant differences were noted in the statements: "To be healthy means to live until old age," "To be healthy means to eat well," "To be healthy means to drink little or no alcohol", "To be healthy means to be responsible", "To be healthy means to feel good" ($p < 0.05$). Women with higher education attributed significantly greater importance to the proposal that "To be healthy means to be properly nourished" and "To be healthy means to feel good" than women with basic or vocational and secondary education.

In turn, women with basic or vocational education attributed a significantly greater importance to the statements: "To be healthy means to live after the old age" and "To be healthy means to drink little or no alcohol". In the

case of the statement "To be healthy means to be responsible", studies with higher education obtained significantly lower results than those with secondary or primary / vocational education. For the other statements, there were no statistically significant differences.

Table 5 shows the validity of health claims based on the marital status of the examined women. Statistical analysis showed that statistically significant differences were found in the statement, "Being healthy means being able to adapt to changes in life" ($p < 0.05$). Married people and those in

relationships have attributed a much greater importance to this claim than singles. For the other statements, there were no statistically significant differences.

IV. DISCUSSION

An especially important stage in every woman's life is the reproductive period. At this time, the woman attains full maturity and the possibility of having a future offspring. It is also a time when preferences and needs in different spheres of life and most importantly health behaviours are developing. The quality of health behaviour is a key determinant of the individual's health potential [11].

Health habits are associated with diet, physical activity, leisure, and the hygiene of everyday life - all that contributes to maintaining and enhancing health [12].

The most important factor that motivates a person to engage in health behaviour is the value he or she attributes to health. The way a person perceives health will affect his or her well-being, vital activity and, above all, the conscious pursuit of healthy behaviour. In society, especially among young women, there is a need for continuous monitoring of health behaviours [11,12].

The analysis of own research in the HCL questionnaire showed that women of childbearing potential rated the health claims as "having all parts of the body fit" (1.48), "duly nourishing" (1.40) and "O rest and sleep" (1.22). It was less important for the respondents to say: "be able to control your emotions and drive" (0.22), "be responsible" (0.24), and "drink little or no alcohol" (0.25). Studies conducted by Naszydlowska et al. [13] among women in the first and second year of the Kielce Academy showed that, according to the respondents, being healthy meant "to eat properly" (1.56), "do not feel any physical ailments" (1.40), and also "have all the body parts fit" (1.33). Definitely less important in the health assessment for the examined women were claims of "being responsible" (0.09), "having healthy eyes, hair, and complexion" (0.11) and "taking medication only occasionally" (0.11). In the study conducted by Zdziebło et al. [14] among nurses, the results showed that the most important in the health assessment was "to feel happy most of the time" (1.98), "do not feel any physical ailments" (1.92), and "know how to enjoy life" (1.56). Significantly less important was attributed to such statements as "being able to control your emotions and drive" (0.05), "drink small amounts of alcohol or not" (0.05), "have healthy eyes, hair, and complexion" (0.06). Rasińska and Nowakowska [5], who conducted the study in a group of 65

women aged 40, obtained slightly different results. Among healthy women, the most common symptoms were "not feeling any physical discomfort" (3.35), "feeling good" (3.27) and "not getting sick, only with flu, indigestion" (3.25). The least pronounced statement was: "have a good mood" (1.96), "only exceptionally taken medication" (2.28), and "drink little or no alcohol" (2.33).

Research on health assessment was also conducted by Stawarz et al. [15]. The results obtained by the authors showed that for healthy women, "being physically fit" (3.52), "having all parts of the body functioning" (3.34) and "accepting oneself and one's deficiencies" (3.33). Less importantly, the study group attributed the following claims: "to be able to control their feelings and drives" (2.32), "to have a job, to have a variety of interests" (2.49), and "to take medication only occasionally" (2.51). Studies by Piasecka et al. [16] among female students at the Faculty of Medicine showed that for healthy subjects, it meant first of all: "do not feel any physical discomfort" (1.10), "do not smoke" (1.10) And "do not get sick, only with flu or indigestion" (1.05). On the other hand, the lower rank was attributed to "being responsible" (0.04), "being able to control their emotions and drives" (0.11), and "almost never have to see a doctor" (0.12).

From our own research it is clear that for the women at childbearing age, the highest ranked result for the definition of health was "no physical discomfort" (1.48) and also "be well nourished" (1.40) and "get enough rest and sleep" (1.22). A slightly lower position occupied the health seen as a goal - "to attain late age" (0.88), followed by "feel happy most of the time" (0.81) and the process of "being able to work without tension and stress" (0.58). Similarly, the concept of health was perceived by women in studies by Naszydlowska et al. [13], who obtained the following most important definitions: "to eat properly" (1.56) and "do not feel any physical discomfort" (1.40). Next, health was treated as a property - "to be able to function all parts of the body" (1.33), the state - "to be able to enjoy life" (1.21), little importance was assigned to health as a goal - "opportunities and shortcomings" (1.05). The worst level was obtained for health as a process - "to be able to interact well with other people" (0.98). On the other hand, in the study by Zdziebło et al. [14], women generally defined health as "feeling happy most of the time" (1.98) and the property - "do not feel any physical discomfort" (1.92) Health as a result - "be well nourished" (0.84) and as a process - "work without tension and stress" (0.78). At the very end, the concept of health was localized as a goal - "accept yourself, know your abilities and shortcomings" (0.72). On the other

hand, in the study presented by Stawarz et al. [15], the women in the Podkarpackie region rated health as "no physical discomfort" (3.52) and "having all parts of the body fit" (3.34), the goal - "accept yourself, know your abilities and shortcomings" (3.33), and as a process - "be able to work well with other people" (3.05). The next place was occupied by health as a condition - "feel happy most of the time" (2.94) and result - "do not smoke" (2.92). In studies published by Piasecka et al. [16], the respondents most often viewed health as "feeling good" (1.38) and as a property - "do not feel any physical discomfort" (1.17). Occupied health understood as a result - "do not smoke" (0.95) and as a goal - "accept yourself, know your capabilities and shortcomings" (0.68). Health in the process category was rated the lowest and referred to as "able to solve their problems" (0.67).

In our own study, when assessing the validity of health claims taking into account the socio-demographic situation of the women surveyed, it was shown that women up to 25 years of age were more likely to attribute the claim "To be healthy means to drink little or no alcohol" than the other women. In turn, women aged 26-35 more often declared that being healthy means to "feel good". For women living in cities, much more important than for village residents was the following assessment of health: "Being healthy means being able to interact well with other people." The inhabitants of villages, while being healthy, understood health mainly as "feeling good". Referring to the study by Piasecka et al. [16], among the examined women there are also statistically significant differences between the rural and the urban respondents. The respondents living in the city chose much more often than those living in rural areas the statements such as "not to smoke", "do not feel any physical discomfort", and "feel good". In our own research, the education of the examined women plays a key role in the assessment of health. Women with higher education attributed significantly more importance to the proposition that "To be healthy means to eat properly" and "To be healthy means to feel good" than women with lower education. On the other hand, those with basic and vocational education are more likely to associate health with "old age," "drinking little or no alcohol" and "be responsible". In the area of these claims, women with higher and secondary education had significantly lower results.

Research conducted by Nowicki and Ślusarski [10] among people aged 22-62 in the Regional Labour Medicine Centre in Lublin showed that for working women aged 20-30, the most important value was the claim of "proper nutrition" and "all parts of the body functioning". On the other

er hand, for respondents aged 41-50, the higher rank was "no physical discomfort". Significant statistically significant differences were noted between the surveyed rural and urban dwellers. For the respondents from the city the higher value was the statement "to be able to enjoy life", than for the respondents from the village. Education also yielded statistically significant differences in the studied group.

Among the respondents with vocational education, the highest priority was stated: "do not get sick or only rarely, with flu or indigestion" and "almost never have to see a doctor", while for people with secondary education it did not matter. For those with higher education, the statement "dine well" was higher in comparison to people with primary and secondary education. Analysis of a study published by Deluga et al. [19] among 191 women aged 22-47 revealed a relationship between the age of the respondents and the validity of the claims: "do not feel any physical discomfort" and "can live well with other people". Married women after 40 years of age were significantly more likely to choose the "no physical discomfort" criterion for younger age groups, women of free status, who more frequently indicated the criterion of "being able to interact well with other people". On the other hand, for women working on the criterion of "proper nutrition" was more important than for the unemployed. The analysis of own research shows that women who were married or in a relationship are more likely to say that being healthy means that they "can adapt to the changes in their lives", which is not so important for the unemployed. Statistically significant differences were also found in the work undertaken by the examined women. Workers attributed the importance to "being healthy means almost never having to see a doctor," while women who did not work more often referred to being healthy as "to drink little or no alcohol".

The results of our own research and comparable results of other authors show that in the environment of women in the reproductive period, there is a high diversity of health behaviours. Among behaviours manifested by women, both attitudes towards health and behaviours that negatively affect health can be distinguished. In the overall comparative assessment, the rate of health behaviours of the women surveyed remains low, so more attention should be paid to the way health is placed in the hierarchy of values and to the sense of ownership and responsibility for one's own health, well-being and life.

V. CONCLUSIONS

- In the opinion of women in the reproductive age, "to be healthy" means first and foremost "to have all the parts of the body fit," "to eat properly," and "to take care of rest and sleep". Women give the highest importance to health as "property," followed by "outcome," "goal," "state," and "process."
- Age, place of residence, education and marital status are the determinants of health among women of childbearing potential.

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